

NEW JERSEY HIV/AIDS REPORT

DECEMBER 31, 2002



James E. McGreevey
Governor

Division of AIDS Prevention and Control



Clifton R. Lacy, M.D.
Commissioner

Division of AIDS Prevention and Control

Office of the Assistant Commissioner	(609) 984-5874
Medical Director	(609) 984-6191
Policy and Planning	
Special Projects and Initiatives	
Administrative Support Services Unit	(609) 984-5888
Care and Treatment Services Unit	(609) 984-6328
AIDS Drug Distribution Program	1-877-613-4533 or (609) 588-7038
Corrections Initiative	
Health Insurance Continuation Program	1-800-353-3232
HIV Care Consortia	
HIV Counseling and Testing Program	(609) 984-6125
HIV Early Intervention Program	
HIV Home Health Care Program	
Housing Opportunities for Persons with AIDS	
Epidemiologic Services Unit	(609) 984-5940
Case Reporting Forms and HIV/AIDS Statistics	
Notification Assistance Program-Newark	(973) 648-7500
Prevention and Education Services Unit	(609) 984-6050
Community-based HIV Prevention Projects	
HIV Prevention Community Planning Group	
HIV-related Training	
NJ AIDS/STD Hotline	1-800-624-2377
Printed Material distribution	

Visit the New Jersey Department of Health and Senior Services web site:

www.state.nj.us/health






To request to have this report link e-mailed to you, to be added to our mailing list or to request other information, contact us by telephone or by e-mail.

Phone **(609) 984-5940**




e-mail aids@doh.state.nj.us

Questions? Contact New Jersey HIV/AIDS Hotline **1-800-624-2377**

Highlights

-  The number of persons living with HIV/AIDS increased largely due to improvement in treatment (Pages 9,10-11).
-  Minorities account for 75% of cumulative HIV/AIDS cases and this disparity is growing. One in every 65 African Americans in New Jersey is living with HIV/AIDS. Ten cities account for 65% of all African American persons living with HIV/AIDS in New Jersey. The IMPACT Initiative, a major initiative of the Division of AIDS Prevention and Control in cooperation with community organizations, is designed to address the disproportionate rate of HIV/AIDS in each of these ten cities. (pages 14-15)
-  The HIV prevalence rate for women giving birth continues to decline. (page 13)
-  Mortality due to HIV/AIDS decreased sharply in 1997 and 1998. This drop can be attributed to advancement in HIV/AIDS treatment. (page 16)
-  The number of people living with HIV/AIDS infected through sexual contact has increased steadily since 1990. (page 9)

New in This Issue

-  The number of clients served in prevention projects is reported.
-  Tables and charts are followed by a summary of the important facts.
-  Data from special epidemiologic studies are presented.

Special Features

The MAP features a complete reporting of HIV/AIDS cases, perinatal HIV infections and perinatal exposure by county. (center pages)

A revised HIV/AIDS Case Report Form is available. See back cover for details.

Copies of this report are available on the NJDHSS website at www.state.nj.us/health. The website also contains complete county reports.



Look for these shoes to help you walk through the data!



MISSION STATEMENT

The Division of AIDS Prevention and Control's mission is to prevent, treat, and control the spread of HIV/AIDS. In keeping with this mission DOAPC shall monitor the epidemic, and assure through our resources that individuals who are at risk or infected with HIV/AIDS have access to culturally competent, community-based networks that provide quality prevention, education, and care services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and the planning of services and prevention activities. All data in this report are based on cases that were reported to the Division of AIDS Prevention and Control (DOAPC) through December 31, 2002. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS web site at www.state.nj.us/health. If you would prefer to receive this report by email contact us at aids@doh.state.nj.us and we will email you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent AIDS cases in each age group, in each racial/ethnic group and in each transmission category, by gender, for the most recent year as well as cumulatively.

These data include all cases whether living or deceased. They **do not** include individuals who are HIV cases, but not AIDS cases. These are presented because nationally the only data available for comparison pertain to AIDS cases.

Adult/Adolescent HIV *and* AIDS cases in each age group, in each racial /ethnic group and mode of transmission by gender for the most recent year as well as cumulatively.

These tables show not only AIDS cases, but also HIV cases, whether living or deceased. These are important because many individuals are infected with HIV but do not have illnesses or conditions that would count as AIDS. As new therapies become available a larger percentage of HIV cases will survive for longer periods of time before progressing to AIDS. Combining both HIV and AIDS cases provides a more complete picture of the history of infection in the State than using data about AIDS alone.

Adult/Adolescent persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and mode of transmission.

Data on HIV/AIDS prevalence show how many people are currently alive with a diagnosis of HIV or AIDS. These data represent the epidemic as it is now, which populations are affected, and where services are most needed.

Pediatric HIV/AIDS and perinatal exposures

These data show the cases for children diagnosed while under the age of 13. The data include information on perinatal exposures as well as other pediatric infections.

Special Epidemiologic Studies

Results from special prevalence studies of childbearing women and a study of HIV/AIDS patient mortality are presented.

Prevention Efforts

The IMPACT Initiative

A description of this community level intervention is provided along with data that document the need for this initiative.

Health Education/Risk Reduction Activities

Data on the number of clients served in Division of AIDS Prevention and Control funded programs are presented.

Care and Treatment Efforts

Data on clients receiving HIV/AIDS care and treatment through State monitored programs are shown.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DOAPC, many cases diagnosed in 2002 may not be in this report. It is also important to note that individuals who are infected, but not tested and diagnosed, are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections in the U.S. (Janssen R. et al, AMJPH, Vol. 91, No. 7, Page 1019, July 2001) Therefore, true incidence and prevalence rates cannot be obtained from this data.

RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent Cases Reported as AIDS January 2002 - December 2002 (1)
and Cumulative AIDS Cases as of December 31, 2002
Racial/Ethnic Group by Gender**

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	
White	215	23%	9,296	30%	64	13%	2,334	19%	279	20%	11,630	27%	20%
Black	500	54%	16,325	52%	331	70%	8,200	66%	831	59%	24,525	56%	33%
Hispanic	205	22%	5,480	18%	79	17%	1,778	14%	284	20%	7,258	17%	24%
Asian/Pac. Isl.	6	1%	125	0%	1	0%	46	0%	7	0%	171	0%	27%
Other/Unknown	2	0%	66	0%	1	0%	16	0%	3	0%	82	0%	20%
Total	928	100%	31,292	100%	476	100%	12,374	100%	1,404	100%	43,666	100%	28%

(1) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status.

(2) Includes all patients 13 years of age or older at time of AIDS diagnosis.

**Table 2. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2002 - December 2002 (1)
and Cumulative Totals as of December 31, 2002
Racial/Ethnic Group by Gender**

Adults/ Adolescents (1)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	Jan. 2002- Dec. 2002 No.	(%)	Cumulative Total No.	(%)	
White	347	26%	11,505	28%	116	16%	3,349	18%	463	23%	14,854	25%	23%
Black	671	51%	21,429	52%	475	67%	11,998	65%	1,146	56%	33,427	56%	36%
Hispanic	282	21%	7,499	18%	114	16%	2,797	15%	396	20%	10,296	17%	27%
Asian/Pac. Isl.	12	1%	186	0%	4	1%	73	0%	16	1%	259	0%	28%
Other/Unknown	4	0%	239	1%	5	1%	101	1%	9	0%	340	1%	30%
Total	1,316	100%	40,858	100%	714	100%	18,318	100%	2,030	100%	59,176	100%	31%

(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnoses were not included.

**Table 3. New Jersey Residents Living with HIV/AIDS
as of December 31, 2002
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	4,780	25%	1,858	17%	6,638	22%	28%
Black	9,912	51%	6,877	64%	16,789	56%	41%
Hispanic	4,283	22%	1,900	18%	6,183	21%	31%
Asian/Pac. Isl.	124	1%	53	0%	177	1%	30%
Other/Unknown	191	1%	95	1%	286	1%	33%
Total	19,290	100%	10,783	100%	30,073	100%	36%



Minorities account for
75% of cumulative
HIV/AIDS cases
and this disparity
is growing.

New Jersey Adult/Adolescent Cases Reported as AIDS January 2002 - December 2002 (1)
and Cumulative Totals as of December 31, 2002
Age at Diagnosis by Gender

Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	5	1%	122	0%	6	1%	83	1%	11	1%	205	0%	40%
20-29	62	7%	3,844	12%	49	10%	2,207	18%	111	8%	6,051	14%	36%
30-39	311	34%	13,984	45%	178	37%	5,981	48%	489	35%	19,965	46%	30%
40-49	366	39%	9,636	31%	153	32%	3,018	24%	519	37%	12,654	29%	24%
Over 49	184	20%	3,706	12%	90	19%	1,085	9%	274	20%	4,791	11%	23%
Total	928	100%	31,292	100%	476	100%	12,374	100%	1,404	100%	43,666	100%	28%

(1) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status

Table 2. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2002 - December 2002 (1)
and Cumulative Totals as of December 31, 2002
Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	18	1%	285	1%	21	3%	387	2%	39	2%	672	1%	58%
20-29	168	13%	6,911	17%	138	19%	4,645	25%	306	15%	11,556	20%	40%
30-39	479	36%	18,421	45%	233	33%	8,357	46%	712	35%	26,778	45%	31%
40-49	450	34%	11,064	27%	218	31%	3,597	20%	668	33%	14,661	25%	25%
Over 49	201	15%	4,177	10%	104	15%	1,332	7%	305	15%	5,509	9%	24%
Total	1,316	100%	40,858	100%	714	100%	18,318	100%	2,030	100%	59,176	100%	31%

(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Table 6. New Jersey Residents Living with HIV/AIDS
as of December 31, 2002
Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	202	1%	232	2%	434	1%	53%
13-19	138	1%	132	1%	270	1%	49%
20-29	754	4%	792	7%	1,546	5%	51%
30-39	5,074	26%	3,551	33%	8,625	29%	41%
40-49	8,390	43%	4,308	40%	12,698	42%	34%
Over 49	4,732	25%	1,768	16%	6,500	22%	27%
Total	19,290	100%	10,783	100%	30,073	100%	36%



Recently reported cases of HIV and AIDS are older at diagnosis than previously reported cases.

Most adults living with HIV or AIDS are over 40 years of age.

About 1 in every 3 persons living with HIV or AIDS are female.

MODE OF TRANSMISSION DATA

**Table 7. New Jersey Adult/Adolescent (1) Cases Reported as AIDS January 2002-December 2002 (2)
and Cumulative Totals as of December 31, 2002
Mode of Transmission by Gender**

Mode of Transmission (3)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		Jan. 2002- Dec. 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	248	27%	8,771	28%	0	0%	0	0%	248	18%	8,771	20%	0%
IDU (4)	266	29%	14,266	46%	135	28%	5,763	47%	401	29%	20,029	46%	29%
MSM/IDU	23	2%	1,634	5%	0	0%	0	0%	23	2%	1,634	4%	0%
Hemophilia	2	0%	177	1%	1	0%	3	0%	3	0%	180	0%	2%
Heterosexual	116	13%	2,167	7%	171	36%	4,224	34%	287	20%	6,391	15%	66%
Transfusion	8	1%	253	1%	10	2%	277	2%	18	1%	530	1%	52%
Other/Unknown	265	29%	4,024	13%	159	33%	2,107	17%	424	30%	6,131	14%	34%
Total	928	100%	31,292	100%	476	100%	12,374	100%	1,404	100%	43,666	100%	28%

(1) Includes all patients 13 years of age or older at time of diagnosis.

(2) Includes every new report of AIDS received during the 12-month period, regardless of prior HIV reporting status.

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(4) MSM = Men sex with Men. IDU = Injection drug use.

**Table 8. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported January 2002-December 2002 (2)
and Cumulative Totals as of December 31, 2002
Mode of Transmission by Gender**

Mode of Transmission (3)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2002-Dec. 2002		Cumulative Total		Jan. 2002-Dec. 2002		Cumulative Total		Jan. 2002-Dec. 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	404	31%	11,137	27%	0	0%	0	0%	404	20%	11,137	19%	0%
IDU (4)	268	20%	17,624	43%	152	21%	7,770	42%	420	21%	25,394	43%	31%
MSM/IDU	23	2%	1,992	5%	0	0%	0	0%	23	1%	1,992	3%	0%
Hemophilia	5	0%	209	1%	0	0%	3	0%	5	0%	212	0%	1%
Heterosexual	170	13%	3,159	8%	255	36%	6,354	35%	425	21%	9,513	16%	67%
Transfusion	6	0%	290	1%	7	1%	334	2%	13	1%	624	1%	54%
Other/Unknown	440	33%	6,447	16%	300	42%	3,857	21%	740	36%	10,304	17%	37%
Total	1 316	100%	40 858	100%	714	100%	18 318	100%	2 030	100%	59 176	100%	31%

(1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnoses were not included

(2) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(4) MSM = Men sex with Men. IDU = Injection drug use.

**Table 9. New Jersey Residents Living with HIV or AIDS
as of December 31, 2002
Mode of Transmission by Gender**

Mode of Transmission (1)	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	5,227	27%	0	0%	5,227	17%	0%
IDU (2)	6,514	34%	3,525	33%	10,039	33%	35%
MSM/IDU	827	4%	0	0%	827	3%	0%
Adult Hemophilia	71	0%	2	0%	73	0%	3%
Heterosexual	1,966	10%	3,951	37%	5,917	20%	67%
Adult Transfusion	91	0%	142	1%	233	1%	61%
Pediatric Modes	335	2%	352	3%	687	2%	51%
Other/Unknown	4,259	22%	2,811	26%	7,070	24%	40%
Total	19,290	100%	10,783	100%	30,073	100%	36%

(1) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

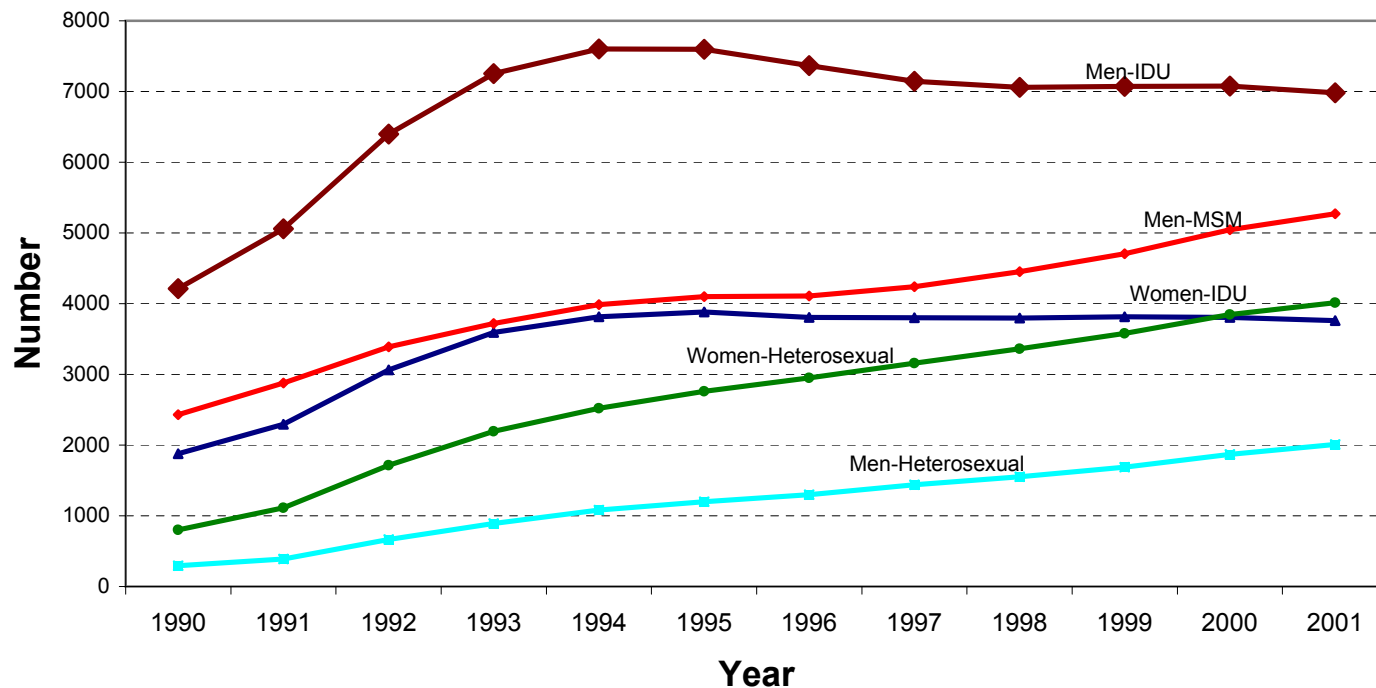
(2) MSM = Men sex with Men. IDU = Injection drug use.



The proportion of reported cases with HIV or AIDS whose mode of transmission is IDU is lower than in the past.

Of those living, 1 in 3 acquired infection through IDU; 1 in 5 through heterosexual contact; almost 1 in 5 through men having sex with men; and 1 in 4 didn't report any risk.

**Estimated Number of Men and Women Living with HIV/AIDS by
Major Modes of Transmission: 1990-2001 (1)**



**Table 10. Estimated Number of Individuals Living with HIV/AIDS Diagnosis in Each Year by
Major Modes of Transmission (1)**

Mode of Transmission	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Women-IDU	1,878	2,295	3,063	3,594	3,813	3,882	3,805	3,799	3,795	3,813	3,806	3,758
Women-Heterosexual	802	1,115	1,713	2,193	2,519	2,760	2,950	3,159	3,362	3,581	3,844	4,014
Men-MSM	2,432	2,878	3,387	3,719	3,987	4,100	4,108	4,239	4,454	4,708	5,043	5,270
Men-IDU	4,212	5,057	6,397	7,253	7,600	7,597	7,368	7,143	7,057	7,072	7,076	6,980
Men-Heterosexual	294	390	665	891	1,081	1,201	1,298	1,441	1,552	1,687	1,868	2,008

(1) Annual prevalence of HIV/AIDS is estimated for each year by subtracting deaths in subsequent years from cumulative cases diagnosed through that year.



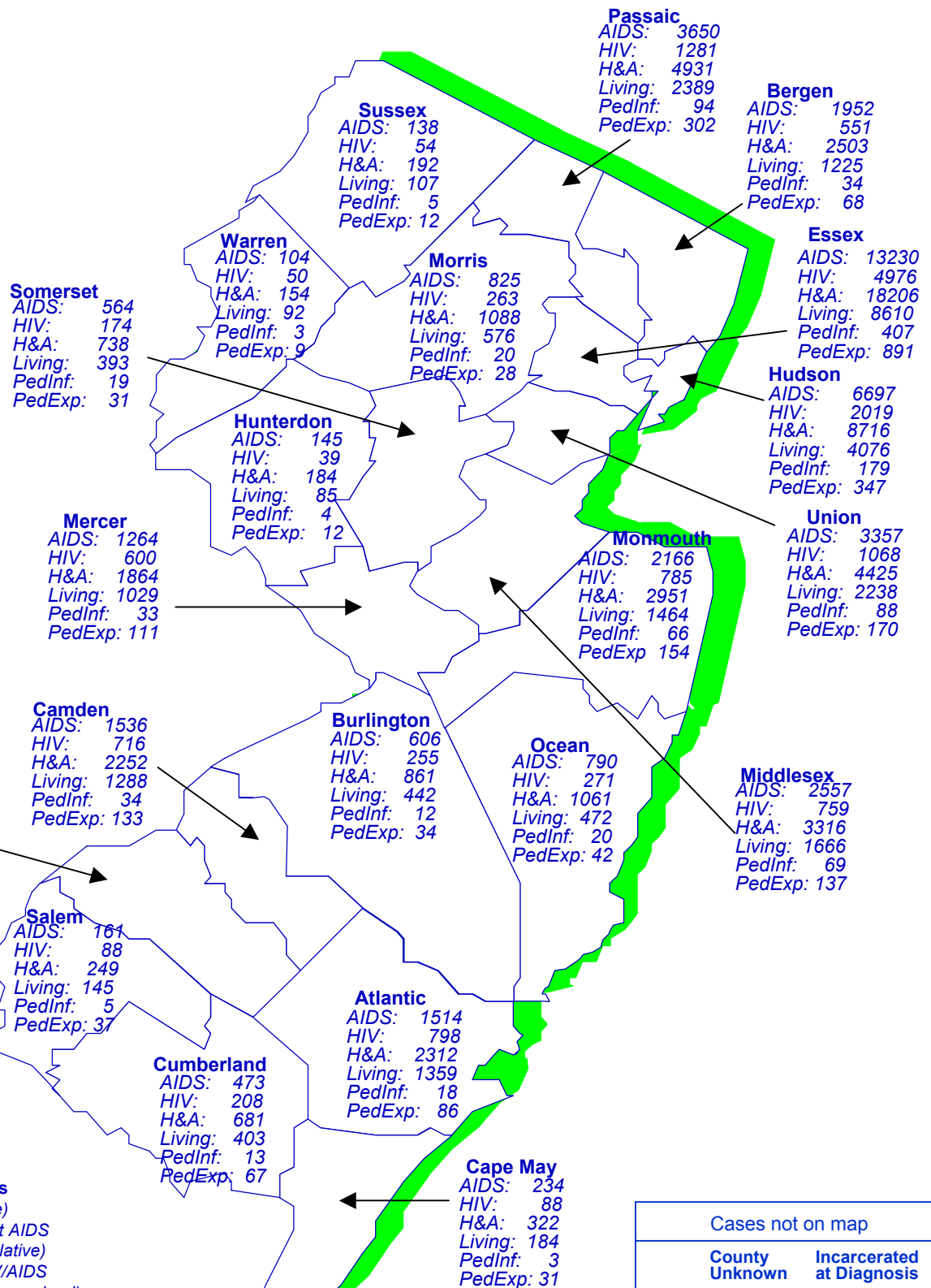
In general the number of persons living with HIV/AIDS (Prevalence) increased largely due to improvement in treatment.

The number of people living with HIV or AIDS through 2001 whose reported risk is through sexual transmission is growing while those living with HIV or AIDS whose reported risk is through injecting drug use has leveled off.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2002

Statewide Summary Case Counts

AIDS: 44,414
HIV: 15,996
H&A: 60,410
Living: 30,073
PedInf: 1,131
PedExp: 2,718



Legend for Summary Case Counts

AIDS = AIDS cases (cumulative)
HIV = HIV Positive Cases, not AIDS
H&A = HIV/AIDS Cases (cumulative)
Living = Persons Living with HIV/AIDS
(HIV/AIDS cases not known dead)
PedInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)
PedExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map

County	Unknown	Incarcerated at Diagnosis
AIDS:	1	2,138
HIV:	10	821
H&A:	11	2,959
Living:	11	1,586
PedInf:	0	0
PedExp:	3	0

PEDIATRIC DATA

Table 11. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Data Reported as of December 31, 2002
Mode of Transmission (2) by Race/Ethnicity

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of AIDS (3)	158	789	213	3	1,163
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	15	3	3	0	21
Risk Not Reported/Other Risk	6	17	5	1	29
Total	189	816	226	4	1,235
% Perinatally Infected	84	97	94	75	94

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 12. New Jersey HIV Perinatal Exposures (1) by Current Status
and Year of Birth for Children Born 1993-2002
Data as of December 31, 2002

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	73	21%	82	23%	194	56%	349
1994	54	17%	103	32%	160	50%	317
1995	50	16%	80	25%	185	59%	315
1996	37	12%	85	28%	180	60%	302
1997	31	11%	90	32%	164	58%	285
1998	22	7%	94	31%	191	62%	307
1999	13	5%	75	31%	157	64%	245
2000	13	5%	76	29%	173	66%	262
2001*	7	3%	94	45%	107	51%	208
2002*	2	2%	97	82%	19	16%	118

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Year 2001 and 2002 data are incomplete

Table 13. New Jersey Pediatric Cases Living with HIV/AIDS (1)
by Race/Ethnicity and Current Age

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	6	11%	46	12%	48	18%	100	14%
Black	40	71%	286	72%	162	61%	488	68%
Hispanic	10	18%	65	16%	56	21%	131	18%
Other	0	0%	0	0%	1	0%	1	0%
Total	56	8%	397	55%	267	37%	720	100%

(1) Living patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.



Most pediatric cases are a result of perinatal transmission from infected mothers.

Effective treatments have reduced perinatal transmission to less than 5%.

Approximately 200 individuals infected perinatally in the early 1990's are now approaching adulthood.

86% of pediatric cases living with HIV/AIDS are minorities.

Survey of Childbearing Women Results

Leftover blood from routine newborn disease screening is tested anonymously for HIV each year from July through September yielding a prevalence rate among childbearing women. This provides an actual rate of infection for mothers of the babies tested during these months and an estimated rate of perinatal exposure for the year.

Percent of Childbearing Women Who Were HIV Positive: New Jersey, 1988-2001

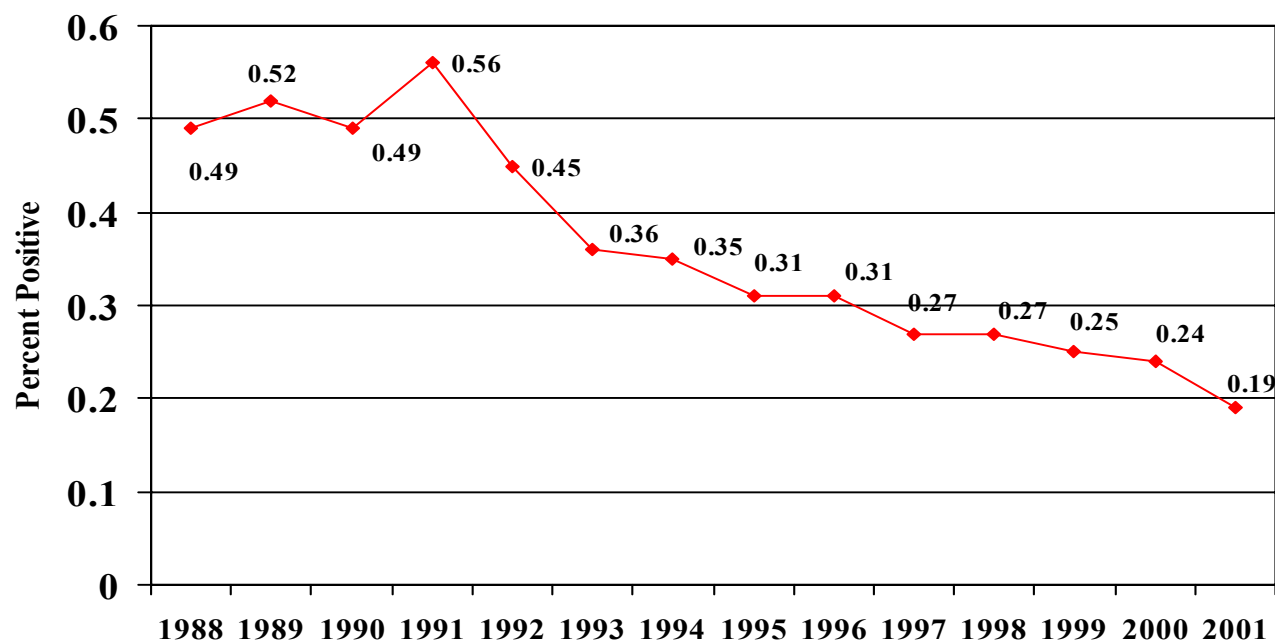


Table 14. HIV Prevalence Rates for Childbearing Women Residing in New Jersey

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Age Group	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+
<30	0.62	0.5	0.37	0.39	0.38	0.3	0.26	0.28	0.29	0.21	0.16
>=30	0.43	0.38	0.31	0.3	0.21	0.33	0.28	0.25	0.21	0.25	0.2
Race/Ethnicity	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+	% HIV+
White	0.11	0.12	0.11	0.09	0.08	0.05	0.07	0.07	0.06	0.08	N/A
African American	1.88	1.6	1.28	1.29	1.18	1.38	0.95	0.89	0.88	0.88	N/A
Hispanic	0.84	0.56	0.35	0.32	0.28	0.27	0.42	0.42	0.35	0.25	N/A
Total Tested	29,459	29,085	29,075	27,891	28,117	28,026	27,782	28,780	28,709	29,483	28,606
Total N HIV+	164	132	104	98	86	87	74	78	72	70	53
Total % HIV+	0.56	0.45	0.36	0.35	0.31	0.31	0.27	0.27	0.25	0.24	0.19

(1) Age and race data were not collected prior to 1991



Each year African American women have accounted for the majority of infections, and their rate of infection did not drop substantially during 1997-2000. The general increase in prevalence due to improved treatments (see shoes on page 9) is not reflected in this survey because most women living with HIV or AIDS are over 40 and no longer in their childbearing years.

The IMPACT Initiative

(Intensive Mobilization to Promote AIDS Awareness through Community-based Technologies)

A city-by-city community mobilization initiative designed to galvanize and support African American leaders to reduce the spread of HIV/AIDS in 10 cities with the highest prevalence of HIV /AIDS. The disparities shown in this section demonstrate the need for this initiative.



1 in every 65 African Americans in New Jersey is living with HIV/AIDS compared to 1 in every 837 whites.

As of December 31, 2002, African Americans in New Jersey account for:

- 13% of the State's total population,
- 56% of all persons living with HIV/AIDS,
- 51% of men living with HIV/AIDS,
- 64% of women living with HIV/AIDS, and
- 72% of all children living with HIV/AIDS.

**Table 15. African Americans Living with HIV/AIDS:
Numbers Of Cases, Prevalence and Rank
for Ten Project Impact Cities and State of New Jersey
Data as of December 31, 2002**

Area of Residence	Rank among 10 Impact Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Resident Population*	Prevalence: Ratio of African Americans Living with HIV/AIDS to African American Resident Population*
State of New Jersey		16,789	1,096,171	One in every 65
Atlantic City	1	536	17,168	One in every 32
Newark	2	4,358	142,083	One in every 33
Elizabeth	3	502	22,329	One in every 44
Paterson	4	947	46,882	One in every 50
Jersey City	5	1,291	64,389	One in every 50
East Orange	6	1,076	61,604	One in every 57
Irvington	7	742	48,852	One in every 66
Trenton	8	656	43,497	One in every 66
Plainfield	9	368	28,698	One in every 78
City of Camden	10	390	39,753	One in every 102
Ten Project Impact Cities (combined)		10,866	515,255	One in every 47

Note: Includes only those persons known to be infected with HIV.

Population figures are based on the 2000 U.S. Census.

African American includes single race only, not Hispanic.



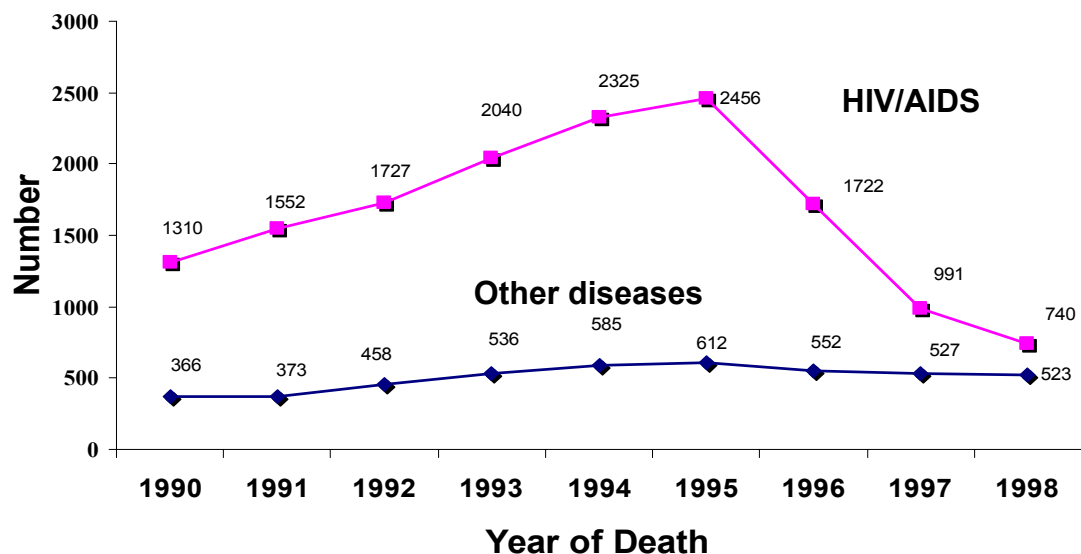
About 65% of the state's African Americans living with HIV/AIDS reside in one of the 10 IMPACT cities. However, these cities show wide variation in HIV/AIDS prevalence.

Atlantic City and Newark have the highest prevalence rate of African Americans living with HIV/AIDS. One in every 32 African American Atlantic City residents, and one in every 33 African American Newark residents are living with HIV/AIDS.*

Newark has the highest number of African American persons living with HIV/AIDS among all 10 cities. Over 1 in every 4 African Americans living with HIV/AIDS in the state resides in Newark.

* Corrected on 10/18/2004 to indicate that statistics refer to the African American population only.

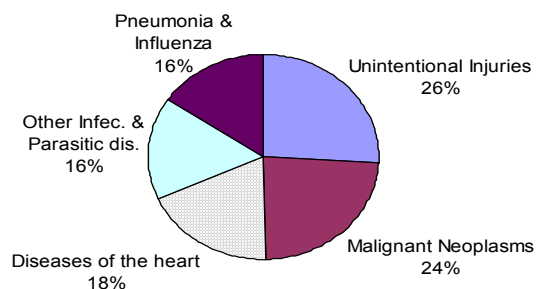
Causes of Death Among HIV/AIDS Patients in New Jersey: 1990-98



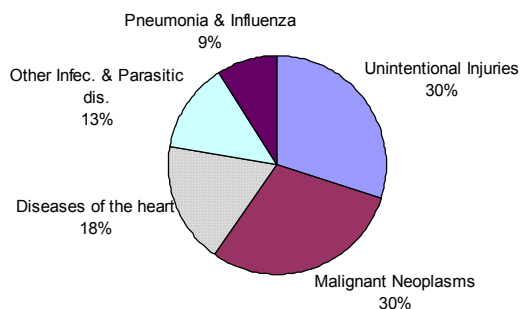
Among HIV/AIDS patients, deaths due to HIV/AIDS increased steadily between 1990 and 1995, and decreased sharply thereafter. The decrease may be attributed to the use of highly active anti-retroviral therapy (HAART). As survival of HIV/AIDS patients improved, the proportion of deaths due to other diseases (especially cancers and injuries) increased.

Distribution of Deaths Due to Top Five Other Diseases Among Persons with HIV/AIDS

1990-96
Before HAART



1997-98
After HAART



Deaths due to Pneumonia/Influenza and Other Infectious/Parasitic diseases, while decreased, are still more common among HIV/AIDS patients than the general population.

Prevention and Education

The Prevention and Education unit (PAE) is responsible for planning, establishing, developing, and monitoring community-based HIV prevention projects that use street/community outreach, health education/risk reduction (HE/RR) interventions, HIV prevention case management (PCM) and community-level interventions to reduce high-risk behavior among injection drug users (IDU) and their sex partners, men who have sex with men (MSM), at-risk heterosexual men and women, and youth. In response to trends and shifts in the epidemic, the PAE unit has instituted a number of targeted special initiatives that include the following: Perinatal Prevention, Faith, Drop-in Center, Patient Incentive Programs for IDUs (PIP), Health Incentive Programs for Women (HIP4W), and the Prevention with Positives projects. The PAE unit is responsible for statewide provision of training for HIV testing counselors, health educators, PCM counselors, and other service providers. Staff provide on-going technical assistance to community-based HIV prevention projects, information via the New Jersey AIDS/STD Hotline (**1-800-624-2377**), and free printed materials.

The table below provides a summary of the PAE unit's statewide prevention interventions during calendar year 2002. **Individual Outreach** is an educational intervention generally conducted by peer or paraprofessional educators on a face-to-face basis with high-risk individuals within the neighborhoods or other areas where they congregate. Outreach offers a variety of resources such as providing condoms, bleach kits, and educational material to those at risk of HIV due to substance use with special efforts targeting HIV positive clients. **HE/RR** is provided to individuals or groups to assist them with the information and skills needed to sustain behavior change and risk reduction. All interventions are intended to facilitate linkages to services in clinic and community settings that support behaviors to prevent transmission of HIV and help clients make plans to obtain these services. **PCM** is a client-centered HIV prevention intervention that combines HE/RR and traditional case management providing intensive, ongoing and individualized prevention counseling, support, and service coordination.

**Table 16. Summary of Major HIV/AIDS Prevention Interventions
Funded Agencies and Client Numbers by Target Population
January 1 – December 31, 2002**

Type of Intervention	Populations Targeted/Reached					TOTAL
			Heterosexual			
Individual Outreach	MSM	IDU	Males	Females	Youth	TOTAL
Agencies involved	20	20	26	27	26	
Clients contacted	4,858	505	11,233	13,672	9,246	39,514
Health Education/Risk Reduction	MSM	IDU	Heterosexual		Youth	TOTAL
			Males	Females		
Agencies involved	12	14	19	22	17	
Clients contacted	181	100	907	2,087	1,292	4,567
Prevention Case Management	MSM	IDU	Heterosexual		Youth	TOTAL
			Males	Females		
Agencies involved	11	13	18	21	18	
Clients contacted	72	94	109	492	206	973

Care and Treatment Services

The goal of the Care and Treatment Services unit is to develop and maintain an integrated network of care and treatment services for low-income persons with HIV/AIDS. Responsibilities of this unit include policy development; planning; data analysis/evaluation; and oversight and/or direct provision of comprehensive care in the areas of medical, housing and support services.

Federal funding through the Health Resources and Services Administration's Ryan White CARE Act (RWCA) Title II, the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC) are combined with state funding to support the unit's activities. Approximately 80 million dollars are awarded to agencies through approximately 160 Health Service Grants, 15 Letters of Agreement, and 6 Memoranda of Agreement.

The following tables represent a brief summary of the services provided by the unit's major components. This summary does not include services provided by directly funded federal programs such as Ryan White Titles I and III.*

Table 17. Care and Treatment Services

Program	Funding Source	Type of Service	Clients Served Per Year
AIDS Drug Distribution Program	Ryan White Title II	medications	6,488
HIV Home Care Program	Ryan White Title II	home health services	141
Insurance Continuation Program	Ryan White Title II	health insurance premiums	307
Consortia & Emerging Communities	Ryan White Title II	medical and support services	3,369
Minority AIDS Initiative	Ryan White Title II	medical and support services	272
Special Initiatives	Ryan White Title II	outreach and support services	734
Early Intervention Programs	State	medical and dental	6,342
Corrections Initiative	CDC	discharge planning in state facilities	591
Housing Opportunities for Persons with AIDS	HUD	tenant-based rental assistance	319

*Note: Title I - The part of the Ryan White CARE Act that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Title II - The part of the Ryan White CARE Act that provides funds to States and territories for primary health care including HIV treatments through the AIDS Drug Assistance Program, (ADAP) and support services that enhance access to care to persons living with HIV (PLWH) and their families.

Title III - The part of the Ryan White CARE Act that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Title III also funds capacity development and planning grants to prepare programs to provide EIS.

**Table 18. PUBLICLY FUNDED HIV COUNSELING AND TESTING ACTIVITIES
JANUARY - DECEMBER 2002**

Publicly funded HIV counseling and testing is offered at over 300 sites throughout New Jersey. Each year approximately 66,000 tests are done.(1) The table below details the number of tests done and the number and percentage positive for each site type, age group, race/ethnicity, and sex. Clients identified through this system account for approximately 25% of all reported HIV cases in a year.

	NUMBER OF TESTS	NUMBER POSITIVE	PERCENT POSITIVE
SITE TYPE			
HIV CTS(2)	10,193	365	3.58%
STD Clinic	11,963	124	1.04%
Drug Treatment Center	9,472	210	2.22%
Family Planning Clinic	8,015	35	0.44%
Prenatal Clinic	5,051	20	0.40%
TB Clinic	284	6	2.11%
Community Health Center	5,952	147	2.47%
Prison/Jail	5,620	80	1.42%
Hospital	606	44	7.26%
Field Visit/Outreach	6,762	238	3.52%
Other	2,838	58	2.04%
SEX			
Male	32,435	774	2.39%
Female	34,306	553	1.61%
Unknown	22	0	
RACE/ETHNICITY			
White not Hispanic	17,458	135	0.77%
Black not Hispanic	29,700	897	3.02%
Hispanic	17,085	266	1.56%
Other	2,417	28	1.16%
Undetermined	103	1	0.97%
AGE			
Under 5	21	0	0.00%
5-12	61	0	0.00%
13-19	8,892	18	0.20%
20-29	25,073	200	0.80%
30-39	17,855	493	2.76%
40-49	10,783	472	4.38%
50 +	4,007	142	3.54%
Unknown	71	2	2.82%
TOTAL	66,763	1,327	1.99%

(1) Numbers do not represent individuals as clients may be tested more than once.

(2) HIV CTS sites are clinics whose primary purpose is HIV counseling and testing.

Fifteen of the HIV CTS sites test confidentially and anonymously.

There were 2,093 anonymous tests done with 25 positive results in 2002.

Please Note – A Revised HIV/AIDS Case Reporting Form

We now have available new HIV and AIDS reporting forms that adhere to the Office of Management and Budget Directive 15, "Standard For Maintaining, Collecting, and Processing Federal Data on Race and Ethnicity." These forms are to be used for all cases reported after January 1, 2003. If you have already reported a case on the old form, you do not need to resubmit the case.

The change in the form affects only race and ethnicity variables. Previously, race and ethnicity were combined in one category. Now race and ethnicity are separate categories. When completing the form you are to select one choice for ethnicity, and one or more choices for race. More detailed instructions for completing these variables can be requested by calling **(609) 984-5940** or by e-mail: aids@doh.state.nj.us